

WASHINGTON CONTINUING EDUCATION COURSE SIGN-IN

NAME OF COURSE _____

APPROVED COURSE NUMBER _____

PROVIDER'S NAME _____

PROVIDER'S NUMBER _____

DATE OF COURSE _____

LOCATION OF COURSE _____

| WAOIC# | NAME | SIGN IN | | SIGN OUT | |
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| | PRINT NAME CLEARLY | SIGNATURE | TIME | INITIAL | TIME |
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Certificates of Completion may be issued only to those who have completed the entire course. Late arrivals and early departures are not eligible for credit. (WAC 284-17-230) Education Provider should maintain this record in its files for a minimum of three years and is subject to audit.